



**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

"Assistant Commissioner for Patents,  
Washington, D.C. 20231"

on October 31, 2001

KEVIN J. STEIN  
Reg. No. 47,966  
Attorney for Applicant(s)

10/31/01  
Date of  
Signature

**PATENTS**

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Attorney Docket No.: J3509(C)  
Applicant: Johnson et al.  
Serial No.: 09/764,734  
Filed: January 17, 2001  
For: Antimicrobial Compositions

*Handwritten:* BBS  
12/27-01

Group: 1616  
Examiner: A. Pryor  
Edgewater, New Jersey 07020  
October 31, 2001

**AMENDMENT**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

In response to the Office Action dated August 1, 2001, please amend the above-identified application as follows:

**IN THE CLAIMS:**

*Handwritten:* Please amend claims 1, 4-15 and 19-20 as follows.

*Handwritten:* B1 sub C1

(Amended) An anti-microbial composition for use on the outer surface of the human body or on apparel worn in close proximity thereto comprising a carrier

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UNITED STATES DEPT. OF COMMERCE  
Patent and Trademark OfficeASSISTANT COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

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Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

## CLAIMS AS AMENDED

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 18.00	
Independent Claims		Minus			\$ 80.00	
Multiple Claims					\$ 270.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$	

\*If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

\*\*If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.

☐ Charge \$\_\_\_\_\_ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.☒ The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under☒ 37 C.F.R. § 1.16;☒ 37 C.F.R. § 1.17;☒ 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

KJS/sa  
201) 840-2394

*Kevin J. Stein*  
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Registration No. 47,966  
Attorney for Applicant(s)

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